

# Schaumburg Veterinary Hospital

## New Feline Patient

Here at Schaumburg Veterinary Hospital we pride ourselves on the individualized care we give each pet. Communication between the staff, doctor, and pet family are paramount to providing proper care. By providing us with the detailed information below you are partnering with us in developing a wellness plan catered to your pet's unique needs.

Cat's Name \_\_\_\_\_ Sex: Male / Female Spayed/Neutered? Yes or No  
Last Name \_\_\_\_\_  
DOB or approximate age \_\_\_\_\_ Breed \_\_\_\_\_ Colors \_\_\_\_\_

Microchip # \_\_\_\_\_ Where did you get your cat? \_\_\_\_\_

Any medical conditions or medications that we should know about? \_\_\_\_\_

### **DATES OF LAST CORE (those that ALL cats should receive) SERVICES:**

Feline Rhinotracheitis, Calici, and Panleukopenia Vaccine (aka Distemper) \_\_\_\_\_

Rabies Vaccination \_\_\_\_\_

Fecal Exam for Intestinal Parasites \_\_\_\_\_

Laboratory Tests (Blood, Urine, etc...) \_\_\_\_\_

Previous veterinary hospital? \_\_\_\_\_

### **Non-Core Services (dependent on individual needs):**

Feline Leukemia Vaccine \_\_\_\_\_

Other Vaccinations \_\_\_\_\_

Flea/Tick Prevention \_\_\_\_\_ Which Product? \_\_\_\_\_

Intestinal Parasite Prevention \_\_\_\_\_

### **Tell us some more please:**

Is your cat exposed to the outdoors? (Yes or No)

What food does your cat eat? \_\_\_\_\_ How much? \_\_\_\_\_

Do you know any family medical history for your cat? (Yes or No) What? \_\_\_\_\_

Are there other pets in house? (Yes or No) Who? \_\_\_\_\_

Does your cat board or go to a groomer? Please Circle if Yes to either (Yes or No)

Do you travel with your cat? (Yes or No) Where to and what seasons? \_\_\_\_\_